

**CLAIMS ONLY**

**Application Number**

Application Number

**Filing Date**

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2		1					52					
3							53					
4							54					
5							55					
6							56					
7							57					
8	1						58					
9							59					
10							60					
11		.					61					
12		.					62					
13		.					63					
14		X					64					
15	1	.					65					
16		.					66					
17							67					
18							68					
19	1						69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
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37							87					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	4						Total Indep					
Total Depend	16	←	←	←			Total Depend	←	←	←	←	
Total Claims	20						Total Claims					